

# VACCINES FOR CHILDREN (VFC) PROGRAM

## VACCINE ORDER FORM

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

PIN (6 digit)

COUNTY

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

☐ CHECK HERE IF THIS IS A  
NEW ADDRESS.

CITY

CHDP MEDI-CAL PROVIDER

☐ Yes ☐ No

ZIP CODE

**DELIVERY:** Please specify all days  
and times you may receive vaccine.


DAY AND TIME

☐ Tue.

DAY AND TIME

☐ Wed.

DAY AND TIME

☐ Thu.

DAY AND TIME

☐ Fri.

CONTACT PERSON

TELEPHONE

FAX

### Vaccines<sup>1</sup>

Write in the name of the manufacturer  
you prefer (if any) for DTaP, hepatitis A,  
hepatitis B, Hib, and Tdap vaccines in the  
indicated spaces below.

**YOU MUST COMPLETE ALL THE BOXES IN THE FOUR  
COLUMNS BELOW FOR VFC TO PROCESS YOUR ORDER.  
(EVEN IF YOU ARE ONLY ORDERING ONE VACCINE)**

Number of Doses  
(VFC Only) Used  
Since Last Order  
Enter "0" if None

#### VACCINE INVENTORY

Number of Doses  
(VFC Only) On-Hand

Lot Number

Expiration Date

Vaccine Shipped  
in Vials of the  
Following Sizes

**New Vaccine  
Order**  
(Minimum 10  
doses)  
**Order in  
multiple  
of 10 doses**

### REGULAR ORDER VFC VACCINES

<b>DTaP</b> (Preferred Mfr.: _____)					10 x 1 dose vial	doses
<b>DTaP/Hepatitis B/IPV Combination</b>					10 x 1 dose vial	doses
<b>Hepatitis A</b> (Age 12 months–18 years) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
<b>Hepatitis B</b> (Pediatric/Adolescent) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
<b>Hepatitis B/Hib Combination</b>					10 x 1 dose vial	doses
<b>Hib</b> (Preferred Mfr.: _____)					10 x 1 dose vial 5 x 1 dose vial	doses
<b>IPV</b> (Inactivated Polio Vaccine)					10 dose vial	doses
<b>Meningococcal Conjugate</b> (ONLY for adolescents 11–18 years of age)					5 x 1 dose vial	doses
<b>Pneumococcal Conjugate</b>					5 x 1 dose vial	doses
<b>Rotavirus</b> (Live, Oral Vaccine) (ONLY for infants ages 6 - 32 weeks)					10 x 1 dose in 2mL tubes	doses
<b>Td–Preservative Free</b> (Age 7–18 years)					10 x 1 dose syringe no needle	doses
<b>Tdap</b> (Adolescent Td with acellular pertussis [booster] ages 10-18 years) <sup>2</sup> (Preferred Mfr.: _____)					10 x 1 dose vial	doses
<b>HPV</b> (Human Papillomavirus) (ONLY for females 9–18 years of age)					10 x 1 dose vial	doses

### REGULAR VFC VACCINES STORED IN THE FREEZER

<b>MMR</b> (Combined Measles, Mumps, and Rubella)					10 x 1 dose vial	doses
<b>Varicella</b> (Chickenpox)					10 x 1 dose vials	doses
<b>MMRV</b> (Combined Measles, Mumps, Rubella, and Varicella [Chickenpox] vaccines for children 12 mos to 12 years)					10 x 1 dose vial	doses

### IMPORTANT



**IF THE SPECIFIC VACCINE MANUFACTURERS I HAVE INDICATED ABOVE ARE NOT AVAILABLE:**

☐ Send another manufacturer's vaccine. ☐ Send the manufacturer's vaccine I requested when it is available.

**Notes #1:** Toxoids and vaccines not available through the VFC Program: DT-Pediatric, DTaP-Hib, OPV, tetanus, measles, MR (measles-rubella), mumps, and rubella vaccines, HBIG, and PPD.

**Notes #2:** Read the package insert to see if the product selected can be given at 10 years of age.

- Instructions:**
1. Please Print or Type.
  2. Order no more than once every two months (i.e., no more than six times per year).  
Place your order with sufficient stock on hand to allow at least 30 days for delivery. (It should not take 30 days to deliver vaccine, but this will prevent you from running out of vaccine if there is a delay in filling your order.)
  3. Fax your order to the VFC Program.

**Questions:** Toll-free: 877-2Get-VFC (877-243-8832)

**FAX orders to:** Toll-free: 877-FAXX-VFC (877-329-9832)



VFC Program • California Department of Health Services, Immunization Branch  
850 Marina Bay Parkway, Building P • Richmond, CA 94804

### STATE USE ONLY

ASSIGNED

APPROVED

ASSIGNED

ENTERED

SHIPPED